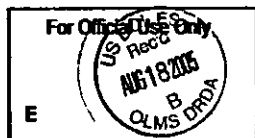


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>9812</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through <u>1</u> / <u>1</u> / <u>05</u>
3 Name and address of person filing Name <u>ERNIE E TURNER</u> P.O. Box, Bldg. Room No. if any _____ Street <u>204 FOREST VIEW DR</u> City <u>HUNTINGTON</u> State <u>WV</u> ZIP Code + 4 <u>25705-4</u>	4 Name file number and address of labor organization. Name <u>I.B.E.W LOCAL 317</u> Labor Organization File Number <u>035886</u> P.O. Box, Building and Room Number if any _____ Street <u>1848 MADISON AVE SUITE A</u> City <u>HUNTINGTON</u> State <u>WV</u> ZIP Code + 4 <u>25704-4</u>
5. Position in labor organization. <u>PENSION FUND TRUSTEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ernie E Turner</u>	On <u>8/13/05</u> Date	<u>304 733 1412</u> Telephone Number

Name of Person Filing _____	File Number U- _____
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any _____  P O Box, Bldg Room No. if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b or 9 c. is checked give trust or employer's name</b>  Name _____  Trade Name, if any _____  P O Box, Bldg., Room No. if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a. Nature of such dealing</b> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <b>11.b. Approximate dollar value of such dealing.</b> _____  <b>12.a. Nature of interest held or income received</b> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <b>12.b. Amount.</b> _____

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>AMERICAN BENEFIT CORP</u>  Trade Name, if any <u>IBEW LOCAL 317 PENSION FUND</u>  P O Box, Bldg., Room No. if any _____  Street <u>401 11TH ST SUITE 500</u>  City <u>HUNTINGTON</u>  State <u>WV</u> ZIP Code + 4 <u>25701+4</u>	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; padding: 10px; margin: 5px 0; text-align: center;">           REIMBURSEMENT FOR LOST WAGES ATTENDING TRUSTEE MEETINGS         </div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <span style="border: 1px solid black; padding: 5px; float: right;">965.36</span>